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Intended to provide a starting point for groups which have not yet undertaken community planning for nursing education, and as a reminder for more experienced groups of the many facets which should be considered in the planning process, the guidelines are organized under five key issues: (1) Where the Study Is To Be Made, (2) Who Will Undertake the Study, (3) What Is To Be Studies in the Community, (4) What Is To Be Studied in Nursing Education, and (5) How to Use the Data. (JK)

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GUIDELINES FOR ASSESSING THE NURSING EDUCATION NEEDS OF A COMMUNITY

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INTRODUCTION

In this period of accelerating changes in nursing, the National League for Nursing is devoting its resources and energies increasingly to community planning for nursing education and nursing service. NLN believes that nursing can move most rapidly to keep its services abreast of the times when influential groups, agencies, and individuals – inside and outside of nursing – work together community by community to produce the quantity and quality of nursing needed.

Why community planning for nursing?

Numerically, nursing is the largest of the health services with more than 600,000 registered nurses in practice, 285,000 licensed practical nurses, more than a quarter of a million auxiliary nursing workers, and increasing but as yet uncounted numbers of new health workers who are being trained for nursing services.

Any change that would withdraw even a small percentage of this force from patient care agencies could well create a crisis in a local community and, indeed, disrupt patient care services nationwide. Rather, the emphasis must be on increasing the numbers of well prepared nursing personnel so that patients are cared for promptly and properly and so that preventive and rehabilitative programs may be extended and improved.

Educationally, nursing is subject to a complex system of preparing its workers which is undergoing rapid change as high quality becomes imperative to prepare nursing personnel for new opportunities and responsibilities. Changes are taking place not only in nursing curriculums but in the locale of nursing education programs as well.

Nursing's educational system at present supports three types of preparation for beginning practice as registered nurses – senior colleges and universities at the baccalaureate degree level, junior and community colleges for associate degrees, and hospitals and independent schools for diplomas in nursing. Graduate programs prepare the expert clinicians, teachers, and administrators who comprise the leadership corps in nursing. There are one-year programs for practical nurses and on-the-job training in

hospitals and community agencies for nursing aides, orderlies, and other auxiliary workers.

The National League for Nursing has long supported community planning for nursing. In 1962 the League board issued its first community planning statement calling attention to the rapid changes taking place in nursing education and expressing the "hope that careful planning on the community level will precede any action to close a school or to develop new or different resources."

In 1965, the League membership in convention in San Francisco voted its now well-known *Resolution No. 5* supporting the trend toward college-based programs in nursing and recommending "community planning which will... implement the orderly movement of nursing education into institutions of higher education in such a way that the flow of nurses into the community will not be interrupted."

In 1966 the League and the American Nurses' Association issued a joint statement pointing to the essentiality of community planning for nursing education and calling upon "educational, health, and welfare authorities, professional and volunteer groups in the health field, and community planning bodies to plan and work cooperatively with nursing to insure an adequate nursing supply."

In 1967, NLN and the American Hospital Association also issued a joint statement in support of accredited diploma programs in nursing "unless or until other programs can supply the nursing needs of the nation" and urging communities to plan soundly for any proposed change in nursing education patterns.

NLN also published a comprehensive *Statement on Nursing Education* for the guidance of the membership, outlining the factors affecting nursing, stating NLN's beliefs, proposing action in support of these, and urging community involvement in nursing education. At the 1967 NLN Convention in New York, the membership approved an explanatory statement to *Resolution No. 5*. This again endorsed planning for nursing "at state, local, regional, and national levels to the end that through an orderly development, a desirable balance and adequate numbers of nursing personnel with various kinds of preparation will become available to meet the nursing needs of the nation."

Meanwhile, these "Guidelines for Assessing the Nursing Education Needs of a Community" had been developed by a special committee of the League. This committee was composed of representatives of the steering committees of NLN's then four education departments – associate degree programs, baccalaureate and higher degree programs, diploma programs* and practical nursing programs. (Under NLN's new structure, voted by the membership in 1967, these are now the executive committees of councils of agency members.) Published originally in 1967, the "Guidelines" have been widely used.

Many other organizations, national and community groups, are also intensifying their efforts in area and regional planning for health services, including nursing. Community planning for nursing education, however, is spotty at best. As yet it is not being undertaken to nearly the degree of thoroughness it should be – community by community, state by state, and region by region. One result is that schools of nursing are opening and closing precipitately.

For communities which have not yet undertaken this kind of planning, the "Guidelines" will provide a starting point; for more experienced groups, a reminder of the many factors that must be looked into in the way of community needs and resources. For any group, they indicate only an initial step in what needs to become a long and continuous process in communities across the country.

Inez Haynes
General Director
National League for Nursing

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* This steering committee was also responsible for initiating the "Guidelines."

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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GUIDELINES FOR ASSESSING THE NURSING EDUCATION NEEDS OF A COMMUNITY

WHERE the study is to be made

WHO will undertake the study

WHAT is to be studied – in the community

WHAT is to be studied – in nursing education

HOW to use the data

I. WHERE the study is to be made

A. A specific geographical area should be studied – i.e., a metropolitan or urban area, a state, several states, or a region.

B. The influence of other areas on the study area's nurse supply will need to be considered also.

II. WHO will undertake the study

A. A state or local league for nursing or a regional council of state leagues for nursing may initiate the study, or this may be done by a hospital council, health or welfare council, governmental planning commission, or other group.

B. A representative committee should be established to chart over-all plans for the study and carry them out. The activities of this committee will include

1. Specifying the exact geographical area to be studied.
2. Identifying special facets of the nursing situation in the area to be studied.
3. Selecting the methods to be used in carrying out the study.
4. Determining the cost and method of financing the study.
5. Maintaining channels of communication between the sponsoring organization(s) and/or the committee and the community.
6. Appointing subcommittees to undertake special aspects of the study.
7. Preparing the completed report.
8. Taking appropriate steps to implement the recommendations of the report.

C. Membership of the committee should include community leaders in

1. Nursing education and nursing service.
2. Medical affairs, i.e., representatives of state and/or county medical

societies, medical schools, medical directors of hospitals and other health agencies.

3. Hospital and health service administration and governing bodies.
4. Extended care facilities such as nursing homes.
5. Education, i.e., colleges, universities, junior and community colleges, technical and vocational schools.
6. Communications such as media, public relations and advertising personnel.
7. Government affairs, i.e., state boards of nursing, departments or boards of education, health and mental health.
8. Civic activities related to health and welfare, such as community councils, chambers of commerce, men's and women's civic clubs.

III. WHAT is to be studied – in the community

A. The social and economic character of the study area as this relates to nursing, including

1. Present population and anticipated population growth for a particular time span or spans ahead.
2. Changing social and cultural attitudes toward health care needs.
3. The attitudes of influential medical, health service, and education and other personnel toward nursing education.
4. Present financial support of health agencies – voluntary and/or tax-supported.
5. Present and projected plans for expanding health services.
6. Untapped financial resources and the adequacy of these for meeting present and projected needs for health services.
7. Patient care patterns of the community and the ways in which developments inside and outside the community may change these.

B. Nurse supply and demand in the study area, including

1. The number of active registered nurses and licensed practical nurses now employed.
2. The number of inactive registered and practical nurses.
3. The number of unfilled budgeted positions for all types of nursing personnel in health and education agencies in the area.
4. Estimated turnover in nurse positions annually.
5. Competitive factors affecting the nurse supply.
6. Mobility of the nurse population into and out of the community.
7. The numbers of additional nursing personnel who will be needed to staff health and nursing education agencies known to be developing and/or expanding.

C. General education facilities of the area and their relation to nursing education.

1. The number of universities, senior and junior colleges, vocational and technical schools in the area.
2. The performance of existing institutions including
   a. Educational areas now being served.
   b. Adequacy of financial resources.
   c. Nursing programs in these institutions and the degree of interest in expanding these and/or in initiating new nursing programs.
   d. Growth potential of each institution including availability of faculty, students, facilities, and funds.
3. Community plans for additional educational institutions.

IV. WHAT is to be studied – in nursing education

A. Students

1. Current annual admissions, enrollments, and graduations in all nursing education programs in the study area.
    a. Masters
    b. Baccalaureate
    c. Diploma
    d. Associate degree
    e. Practical nursing
2. Ratio of graduations from baccalaureate – associate degree/diploma – practical nursing programs each year.
3. Potential for enrollment expansion in each of the existing programs.
4. Factors affecting choice of nursing as a career by young people of the areas, considering
    a. The education goal of high school juniors and seniors with special attention to the proportion who are college bound.
    b. Financial aid available for present and prospective nursing students.
    c. Attrition rate in area schools of nursing and the factors affecting this.
5. Nurse recruitment efforts in the area, including
    a. The nature and scope of present recruitment activities.
    b. How the nursing story is being told through communications media.
    c. Health careers recruitment efforts of the community and their effect upon nursing.
    d. The extent and effect of Future Nurses Clubs on admissions to area schools of nursing.

B. Faculty

1. The number and type of preparation of nursing faculty presently employed in the area.
2. The ratio of full-time to part-time nursing faculty in existing programs.
3. Opportunities for advanced preparation and/or graduate study in the area and/or surrounding areas.
4. Opportunities for continuing education in the area.
5. Sources of financial assistance available to faculty for graduate study and/or advanced preparation.
6. Community characteristics that attract or deter faculty.
7. Interest of present faculty in pursuing graduate study or advanced preparation.
8. Interest of senior baccalaureate nursing students in pursuing graduate study to prepare for teaching.
9. Budgeted vacancies in teaching positions in schools of nursing in the study area.
10. Projected faculty needs for known expansion planned for nursing education in the study area.

C. Facilities

1. The adequacy of present physical facilities, including
   a. Classrooms
   b. Libraries
   c. Offices
   d. Science laboratories
   e. Audio-visual facilities
2. The present use by nursing education programs of existing health agencies, including hospitals, public health agencies, extended care facilities, clinics and related agencies, considering

a. The number and type of hospital beds available for teaching nursing.

b. The number and type of other health agencies and their patient mix.

c. Present utilization of agencies by existing nursing programs.

d. Priorities that exist or should be established for the maximum use of health agencies.

e. The number and type of nursing students currently receiving experience in each agency.

f. The nursing staffing pattern of each agency, including the adequacy of numbers of staff and the balance in types of nursing personnel.

3. Financial Resources

a. The cost to the community of existing educational programs in nursing.

b. Private funds available or which could be activated for expanding nursing education programs, i.e., local and family foundations, industry, individuals, etc.

c. Federal and state monies available for nursing education in the area.

d. Cost to the community of staffing nursing services if nursing education programs are not operated.

V. HOW to use the data

A. Evaluate the need for expanding nursing education in the study area in the light of

1. The numerical need for registered and licensed practical nurses, i.e., appropriate ratio of nursing personnel to population.

2. A desirable balance in the types of nursing personnel available to the community, i.e., registered nurses with graduate education, baccalaureate preparation, diploma/associate degree education, practical nursing preparation.

3. The potential for attracting increasing numbers of the community's youth to nursing.

B. Determine the types of nursing education programs the community should have in order to meet these needs.

C. Relate these to the present and potential general education resources and clinical facilities of the community.

D. Project the financial resources that need to be developed in order to initiate new nursing education programs and/or expand existing ones.

E. Chart the changes desirable in nursing employment conditions to attract and retain nursing personnel in the community.

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